



Local Health Department Ebola Weekly Update Call

Minutes

November 12, 2014

10:00 AM to 11:00 AM

(Cheryl Starling): Good morning everyone and welcome to the weekly Ebola virus update call sponsored by the California Department of Public Health. We'd all like to welcome you to the call. A couple of logistics. This call is focused on local public health departments for their Ebola response and not necessarily on healthcare issues.

Therefore, when we ask for your - during the Q&A when we ask for your name, please provide your full name and your organization. And a reminder that for healthcare providers on this call there is - and local health departments there is a call at 11:00 today for the healthcare provider group. So we ask your patience with us as we want to focus our questions with local health departments. At this time I'd like to introduce Dr. James Watt to talk about the national and California update on Ebola. Dr. Watt.

Dr. James Watt: Thank you (Cheryl). And I'm just going to review with you as (Cheryl) said the international and then the national and then the California situation. In west Africa there continues to be widespread transmission of Ebola virus in the three countries where this outbreak has been focused of Guinea, Liberia and Sierra Leone. In addition there has been transmission of Ebola in Mali. The situation there is still unclear but the World Health Organization is reporting a transition - a second case in Mali and intense evaluation there to understand the scope of transmission is underway. So please stay tuned about that situation.



But because this is an ongoing outbreak in west Africa we need to continue to do our preparedness activities here in the United States. So far in the United States there have been four cases of Ebola reported. These are cases that have been widely reported in the news.

The most recent case in a physician in New York City, that individual was reported to have left the hospital and then said to be Ebola free. So that's great news. We've also had no community transmission of Ebola in this country although I believe that some folks in New York are still in the 21 day monitoring period.

In California we are continuing to monitor returning travelers, receiving notifications of people returning from the three affected countries and our monitoring system is ongoing. We've reached a situation where we may be seeing somewhat of a steady state if you will.

So people are coming in at a rate of somewhere between one or two patients per day on average and also going out of monitoring at around that same rate. And so we're - we have been hovering in the zone between 30 and 40 persons under monitoring at any given time for a couple of weeks now.

We're also seeing sort of the people coming back to the same group of counties. We're not seeing new counties being added very much. And most of the patients or I'm sorry most of these individuals are coming back to counties that are in the more populated areas of the state. There are still no cases of Ebola in California and I think I will stop there. Thanks (Cheryl).

(Cheryl Starling): Thank you, Dr. Watt. Next I'd like to introduce Dr. Ron Chapman and Ms. Lijuan Yuan to talk about the isolation evaluation orders.



Dr. Ron Chapman: Good morning. Good morning. This is Ron Chapman. So basically at this time we have some drafts of orders that we're considering that looks at a scenario where a suspect or confirmed case of Ebola in the hospital setting wants to leave AMA, against medical advice. We've shared the draft orders with the leadership of GAC and (Cecil HO). We got some very good feedback there. We're going to be subsequently sharing with the hospital association for their feedback to see how this could actually be implemented at ground level. And so we're continuing to work through the order in its present draft form. And I don't know if you have any other editions.

Lijuan Yuan: No. That was described very well, Ron.

Dr. Ron Chapman: Okay thanks. So look forward to answer questions on the call regarding that. Thanks.

(Cheryl Starling): Thank you both. Next I'd like to introduce Dr. Watt again about monitoring of travelers.

Dr. James Watt: About monitoring of travelers. Yes. Thank you, (Cheryl). I was jumping ahead in the agenda a little bit. So as I mentioned earlier we are continuing to receive notifications from CDC and about returning travelers. And I provided you with the rough numbers earlier.

And we are communicating with local health departments to let - advising them when folks are coming back. We have also been reaching out to local health departments that have these patients for some information to provide back to CDC. And CDC has been asking us for daily information about returning travelers who may be in the high or the some risk category.



These are primarily returning healthcare workers. I should say that we still have a very small number of returning healthcare workers under monitoring. So this is not a large number of people that are - that we're asking for daily information about.

We're in the process of putting together a written document that describes how this is going on and what the specifics are here in California. So we will be providing that out to you soon. And that will clarify how things work and I'll hope that we'll have an opportunity for dialogue with you about coming up with a sustainable system that is functional for local health departments, also for CDPH and that will enable us to provide appropriate level of information back to CDC. I do expect that this is going to go on for some time, probably for months. And so we really do need to have a system that is sustainable, that works well for you all, that works well for us. And so I anticipate some back and forth with you about as we get this procedure document put together. So back to you (Cheryl).

(Cheryl Starling): Thank you, Dr. Watt. Next, Dr. Watt, I'd like you to continue on and talk about the personal protective equipment guidance that was put out recently.

Dr. James Watt: Thank you. Yes. Sorry I'm getting a little mixed up here. But we did issue on November 6, so that was last Thursday just after our last call, a guidance document on personal protective equipment to be used by healthcare workers during management of patients with Ebola virus disease in California hospitals.

So this document is up on our Web site and it's really intended to clarify California recommendations for in patient care. And this we needed to do following the revision of CDC guidance on this topic. And in large we have endorsed the CDC guidance and followed that. But there are three points



where the California guidance differs from CDC. And so let me just highlight those for you.

The first is that CDPH recommends airborne infection isolation for individuals with suspected or confirmed Ebola virus disease. This is different from CDC where CDC only recommends using airborne infection isolation in the event of aerosol generating procedures. We have gone ahead and recommended this for all care of suspected or confirmed Ebola virus patients for a couple of reasons.

One is that the need to do an aerosol generating procedure may not be predictable. And so it may - it's preferable to have someone in an airborne infection isolation room so that you can do what needs to be done and you don't have to transport a patient to another room under a perhaps uncontrolled situation. We want to avoid that.

Secondly, the CDC guidance is very - there's a lot of complexity around the physical layout of having places for putting on protective equipment, patient care areas, places for taking off protective equipment and you really do need to have some sort of an anteroom to do that effectively. And many of the airborne infection isolation rooms are laid out in that way with an anteroom and we felt that just going ahead and putting a patient in that setting would facilitate the setting up of the physical layout and have continuity and consistency and minimize patient movement all of which should contribute to worker safety. Just having things be set and stable is really important so people know the flow of the patient. So that's why we went ahead with that recommendation.

We've also recommended the use of respiratory protection again in all circumstances when caring for these patients and again this does differ with



CDC which their guidance focuses on respiratory protection in the event of aerosol generating procedures.

We felt that again you don't know when you're going to need to do an aerosol generating procedure necessarily and also there was concern that things may be happening with severely ill patients and healthcare workers in close proximity where it may be advisable to have respiratory protection to prevent any kind of inhalation of small droplets that may be generated when these patients are producing copious amounts of body fluids.

And then thirdly, CDPH recommends that when aerosol generating procedures are conducted on a suspected or confirmed Ebola virus disease patient a powered air purifying respirator or palper should be used. For protection from EVD exposure aerosol generating procedures may include suctioning, intubation and other procedures that generate aerosols but should also be considered for any contact with bodily fluids during the care of a patient and the cleaning of the environment or equipment where aerosols may be generated.

So this language is in keeping with the aerosol transmissible disease standard that Cal OSHA has put out for a range of diseases. And it really is designed to increase the level of respiratory protection for unpredictable circumstances with a severely ill Ebola patient.

I think the other component of this is that we've had a lot of conversation about the tolerability of different suites of personal protective equipment. We've heard again and again that the PPE suites are difficult to sustain for a period of time and that N95 respirators increase the work of breathing. They are much more prone to fogging and getting wet and that a palper is actually a



more comfortable and sustainable respiratory protection for healthcare workers.

And so that was another piece of the recommendation that we go ahead and recommend pappers when aerosol generating procedures are needed. So those are the three items I wanted to highlight for you and I would really encourage folks to take a look and ready through this document on our Web site. Back to you (Cheryl).

(Cheryl Starling): Thank you, Dr. Watt. Now I'd like to ask Dr. Chapman to give us an update on other personal protective equipment recommendations.

Dr. Ron Chapman: Sure. Thanks (Cheryl). We've been working very closely with the Department of Industrial Relations Cal OSHA. They are putting together guidance regarding personal protective equipment in a variety of healthcare settings. We've been specifically focused recently on the inpatient hospitalized patient setting and the emergency department setting. And we continue to work with them daily to get them the public health perspective on the guidance that they're putting out. I'm not sure exactly when that's coming out but we're working very closely with them in it. Thanks.

(Cheryl Starling): Great. Thank you Dr. Chapman. Dr. Watt would you like or Dr. Chapman would you like to update us on the strategies of referrals to Ebola hospitals?

Dr. Ron Chapman: James you want to take that one?

Dr. James Watt: Sure. So we have been working closely on communications with UC hospitals and also talking with many, many local health departments particularly those of you have already received returning travelers talking about strategies for where these patients would be referred and what would be the criteria for



referring them to the UC hospitals. We have a call tomorrow with the UC hospitals and representatives from CCLHO and (SHEAC) to talk this through to sort of make sure that we are all thinking the same thing and are in alignment with respect to strategy.

And then we will be having follow-up conversations with the UC hospitals individually after that to get more granular and to think about specific protocols for how patients would be - how the notifications would happen and what the processes would be for bringing patients to one of those facilities.

So more to come on that and we will certainly be keeping local health departments apprised as we have - as things start to get more specific and seeking your input on how that goes. The question about pediatric hospitals, pediatric capacity has come up. Should I cover that or (Kathleen) do you want to talk about that?

Dr. Ron Chapman: Yes go ahead.

Dr. James Watt: Okay. So it's my understanding that Children's Hospital of Los Angeles has been identified as having capacity for admitting a pediatric patient in southern California. And also that the two UCs in northern California have said that they will have pediatric capacity.

So that's something that we also need to talk with them about. And then I also understand that Kaiser has identified some pediatric capacity for their own system. So there does appear to be emerging capacity to handle a suspected or confirmed child with Ebola which is great news. And that's as we hear about these additional facilities that have capacity again we'll be working with them to make sure that we have procedures in place where we can make that connection between, you know, wherever that patient is and hopefully have a



controlled and planned transport to the right facility so that they receive good care and that we really minimize the number of exposures along the way.

And then lastly we are working with the CDC. They have offered to make visits to hospitals that are identified as Ebola treatment hospitals. And so we hope to take advantage of that offer and have CDC come out and work with some of our - some of these identified hospitals.

And this is really an opportunity for folks, the CDC folks, who are led by really experienced people in their division of healthcare quality who have been to lots of Ebola treatment hospitals around the country and seen what other hospitals are doing to come and share that experience with the hospitals here in California so that we can all learn from each other and optimize preparedness. So we're looking forward to setting those up.

(Cheryl Starling): Thank you Dr. Watt. At this time we'd like to take questions and answer period. (Wendy) if you'd get ready for questions and answers from our local health department partners. As you push Star 1 to ask a question please provide your full name and your organization name. (Wendy)?

Coordinator: Thank you. As a reminder to ask a question you may press Star 1 and we are awaiting the first question. Please stand by.

(Cheryl Starling): Any questions yet, (Wendy)?

Coordinator: The first question is from (Erica Pon). Please state your organization.

(Erica Pon): Hi. This is (Erica Pon), Alameda County Public Health. Actually I have two sort of questions that are sort of state or regional. The first one is, you know, we're still having a lot of problems locally getting good answers from our



water treatment partners and environmental health about, you know, what our local water treatment will accept or not accept, you know, whether it's, you know, just okay to flush down the sewage OCDC says or says treat with bleach for a certain number of minutes.

And just wondering if the state has been able to get any state answers on that. And then the other sort of more original issue that maybe the state could assist with the public transportation question. So BART has been asking a lot of different local counties. And we may still end up filling up on that on a regional level but just wanting to make sure the state' kind of in the loop on that as well since it is multi-jurisdictional.

(Cheryl Starling): Thank you (Erica). Ron would you answer her first question on water?...

(Ron Pilleran): Yes hi (Erica). This is (Ron Pilleran) with the Center of Environmental Health.

(Erica Pon): Hi.

(Ron Pilleran): With respect to the disposal of Ebola contaminated waste down the sewer we are currently awaiting a document that U.S. EPA and CDC is reviewing. And so we're kind of hold with that.

The document - my understanding the document should be out within the next week but we're waiting. And then as soon as we get that we will update our medical waste management guidance document to reflect those changes. But at the present time all we can do right now is to refer you to the local sewage treatment facilities for some guidance on that.



(Cheryl Starling): Thank you Ron. (Erica) if I could ask a clarifying question on your second question. Could you give us examples of what public transportation questions you're receiving or what the focus of those questions are?

(Erica Pon): I think some of it is similar in that they want to know guidance for cleaning if in the event of finding out there's an Ebola positive patient on public transportation and just general questions about Ebola.

(Cheryl Starling): Thanks (Erica). Currently we don't have any guidance on that but CDPH will keep that in mind and watch what may be coming from CDC and...

Woman: Federal OSHA guidance. There's some federal OSHA guidance on just decontaminating for Ebola. You can there's a link...

(Erica Pon): Right.

Woman: (Unintelligible). It would be - yes I think that would be.

(Erica Pon): Yes I think it's just a matter of coordinating answers with them and, you know, providing a direct...

(Cheryl Starling): Right.

(Erica Pon): And similarly with the water treatment facilities I think that's great that there is some upcoming management but I think there's just a lot of multiple conversations going on at different levels of hospitals trying to talk to the water treatment centers. Water treatment centers asking us and/or us asking them and then the hospitals asking.



Anyway - and so if there's any state coordination that can happen actually with the state coordinating and talking to the water treatment - regional water treatment centers across the state I think that could be incredibly useful.

(Ron Pilleran): I forgot to add that we are attempting to coordinate with stakeholders over at Cali PA to resolve this. So it should be upcoming. I can't say the exact date but we're working on that right now.

(Erica Pon): Okay. Thank you very much.

(Ron Pilleran): Sure.

(Cheryl Starling): Thank you (Erica). May - (Wendy) may we have the next question?

Coordinator: Thank you. Next question is from Todd Stolp. And please state your agency.

Todd Stolp: Yes hi. This is Todd Tuolumne County. I'm a little - I was looking up the updated PPE recommendations and I'd like to reiterate what I understand. If in fact the recommendation is now a respiratory protection in all cases and the CDC is recommending the palper for aerosol generating procedures if in fact responders in the EMS system have initiated N95s and then find a need to incubate a patient en route how do you suggest dealing with the transition to a palper if that's the required PPE protection?

(Cheryl Starling): Thank you, Todd. Dr. (Backer) you're on the line. Would you like to address the NSA EMS issue?

(Jody Durn): Hi. This is (Jody Durn) with EMSA. Dr. (Backer) actually wasn't able to join. I'm on the line on his behalf. We are working - EMSA is working also with the Department of Industrial Relations Cal OSHA and has been asking them



to - for guidance on PPE for responders. And we continue to work closely with CDPH and Cal OSHA to get some guidance out.

(Cheryl Starling): Great. Thank you. Todd did you have another question?

Todd Stolp: Well no but I'm not sure that the question - it sounds like we're working on an answer. Is that correct?

(Cheryl Starling): That is correct.

Todd Stolp: Yes. Okay.

(Cheryl Starling): EMSA has been working very closely with DIR and putting out recommendations. And we don't have an estimated date for release but we're working closely with DIR and the partners to come up with good recommendations.

Todd Stolp: Okay but in the meantime N95s continue to be the minimum standard that's acceptable.

(Cheryl Starling): Correct.

Todd Stolp: Thank you.

(Cheryl Starling): Thank you. (Wendy) the next question please.

Coordinator: Thank you. Next question is from Jeff Gunzenhauser and state your organization.



Jeff Gunzenhauser: Hi. This is Jeff Gunzenhauser. I'm with the Department of Public Health in L.A. County. I just wanted to ask about feedback that may be provided to DIR about the pappers. I do understand they're leaning forward and are likely to require these. I know locally that if that requirement is set the hospitals I've worked with here in L.A. County won't be able to meet that requirement.

And also I'm thinking forward if we in public health ever have a true airborne transmissible disease where we need care setting the papper requirement in this situation will put us in a situation in the future that really logistically won't be feasible to support. And so I'm just wondering what the public health community feedback might be to the DIR about the consideration of making papper use mandatory.

(Ron Pilleran): Hey (Jeff) it's Ron. So again we're providing input consultation, advising them - advising DIR and Cal OSHA on the practicalities of the PPE that they're considering in their guidelines. I think however one of the important drivers in this is the aerosol transmissible disease standards, the ATB standards that Cal OSHA uses. And that really is driving a lot of their decision making and thinking around Ebola. The ATB standards are the most stringent in the United States and far exceed any guidelines that CDC has put out but that is the law in California. So it, you know, trying to translate that into the practical realities that you've described is, you know, part of the discussions that we're having.

Jeff Gunzenhauser: Okay. Thanks.

(Ron Pilleran): Thanks.

(Cheryl Starling): Thank you so much. (Wendy) next question please.



Coordinator: Thank you and as a reminder for additional questions press Star 1 please. Next question is from Terry Stone and please state your organization.

Terry Stone: Yes good morning. Our organization is Henry Mayo in Valencia, California. And my question may be better suited to the next conference call for healthcare providers. So just let me know if that's the case.

(Cheryl Starling): Actually Terry I'd like to defer you to that call, if I may...

Terry Stone: Okay.

(Cheryl Starling): ...and so we have time for our local public health partners to ask questions if you don't mind.

Terry Stone: No I don't mind at all. Thank you.

(Cheryl Starling): Thank you Terry. Are there any questions, (Wendy)?

Coordinator: Thank you. At this time we're showing no questions. And as a reminder for additional questions press Star 1 please.

(Cheryl Starling): Well once again we thank you so much for coming on the call today. Again if you have other questions please feel free to email...

Coordinator: Excuse me. This is the operator. We actually do have a few more questions that came in queue if you'd like to take those.

(Cheryl Starling): Great yes please.



Coordinator: Okay one moment please. Thank you. We have a question from (Janet Berryman). Your line is open and state your organization.

(Janet Berryman): Hi. I'm with the City of Berkeley Public Health. I received a first notification over the weekend of an arriving traveler to monitor and there was a glitch in the secure email such that the attachments weren't all attached and I just - it's a minor question but wanted to make sure that that is fixed because I couldn't actually get the personal information about the individual.

(Cheryl Starling): (Janet), thank you so much. We are aware there is a glitch with our secure system. We've talked to our IT about it and we are going to be rolling out a process to use FEX as the mechanism because it already is a secure environment. So there will be a procedure coming down the line for that. We apologize for the security glitch and we are actively working to fix it.

(Janet Berryman): Okay. Thanks very much.

Coordinator: Thank you. Next question is from (Elizabeth Rose). Your line is open and state your organization.

(Elizabeth Rose): Hi. Yes I'm (Elizabeth Rose) with the Los Angeles County Department of Public Health. And my question is last week you had mentioned that there was one person in the state who is in the high risk category. And I was just wondering if you could share with us how many people in the state are currently in the high risk category, if that person still has days remaining in their monitoring and in general what part of the state they're in.

(Cheryl Starling): Dr. Watt, would you answer that question please?



Dr. James Watt: Yes. So we actually do not have any individuals in the state who are in the high risk category.

(Elizabeth Rose): Great.

Dr. James Watt: And the number of people in the state who are recommended for more active monitoring, higher level of monitoring in the some risk category remains small. And we have been keeping the specifics around that confidential at the request of local health departments.

(Elizabeth Rose): All right. Thank you very much.

(Cheryl Starling): Thank you. (Wendy) do we have another question?

Coordinator: Yes. Thank you. Next question (Christine Goose) your line is open and state your organization.

(Christine Goose): Hi. This is (Christine Goose) from El Dorado County Public Health. I was just curious about how many calls are coming into the state hotlines for Ebola?

(Susan Billie): Very few. This is (Susan Billie) with Emergency Preparedness. We're getting somewhere between 5 and 15 calls a day. The height of it was about 50 to 60 calls.

(Christine Goose): Thank you.

(Cheryl Starling): Thank you. Next question please.

Coordinator: Thank you. Last question is showing Todd Stolp. Your line is open and state your organization.



Todd Stolp: Yes. I came up with a second question. Todd Stolp, Tuolumne County. Just a question about since the 100% screening process through the five airports entering the country have been in place and I believe that was about around October 24. Have there been any cases in California that arrived in counties without notification of the health officer?

(Cheryl Starling): Dr. Watt could you address that?

Dr. James Watt: Yes I can. The short answer to your question Todd is yes. And there have been a small number of situations where that has occurred. I can count them on one hand although I don't know the exact number. And we are - have been actively talking with both the local health departments involved to try to understand the circumstances of the travel in the individual case and then talking with CDC about what may have happened and trying to work with CDC and customs and border protection to work on the system to increase its efficiency. And so that's where we are.

I think that the circumstance that has come up in some cases the people who are returning healthcare workers some of the international aid organizations require them to go to a third site typically in Europe for an extended debrief. And so their itinerary is broken if you will. And so the computer systems that are currently used may not pick up that they had one trip that was say from west Africa to a European country and then a second trip that was from a European country here.

So we have to find ways to link those. But this primarily has happened in a very small number of healthcare workers and in those circumstances we have actually had advanced notice through other pathways that they were coming.



So we're working to refine the system. I think that this raises a good point though which is that, you know, no system is perfect.

And we're working very hard to have as much advanced notification as possible because I think that's really a critical strategy to prevent disease transmission. But we still do need to be prepared for the eventuality that something may come through an unusual pathway that we don't know about.

(Cheryl Starling): Thank you, Dr. Watt. (Wendy) do we have any more questions?

Coordinator: We're showing no further questions.

(Cheryl Starling): Well once again I'd like to thank everyone for coming on the call today. We look forward to hearing from you if you have additional questions. And thank you for all the preparation and work that you've been doing.